

County: Winnebago
 EVERGREEN HEALTH CENTER
 P. O. BOX 1720

Facility ID: 3130

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OSHKOSH 54902 Phone: (920) 303-8436
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 108
 Total Licensed Bed Capacity (12/31/01): 108
 Number of Residents on 12/31/01: 107

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? Yes
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 105

Nonprofit Church
 Skilled
 Yes
 Yes
 Yes
 105

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		36.4
Supp. Home Care-Personal Care	No					1 - 4 Years		47.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.9	More Than 4 Years		15.9
Day Services	No	Mental Illness (Org./Psy)	34.6	65 - 74	0.0			-----
Respite Care	Yes	Mental Illness (Other)	3.7	75 - 84	29.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	16.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	14.0	65 & Over	98.1	-----		
Transportation	No	Cerebrovascular	13.1		-----	RNs		9.7
Referral Service	No	Diabetes	2.8	Sex	%	LPNs		4.7
Other Services	No	Respiratory	1.9		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	29.0	Male	17.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	82.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	2	100.0	301	34	89.5	108	0	0.0	0	67	100.0	158	0	0.0	0	0	0.0	0	103	96.3
Intermediate	---	---	---	4	10.5	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		38	100.0		0	0.0		67	100.0		0	0.0		0	0.0		107	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	16.2	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	0.0	80.4	19.6	107
Other Nursing Homes	6.8	Dressing	14.0	65.4	20.6	107
Acute Care Hospitals	63.2	Transferring	26.2	61.7	12.1	107
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	26.2	61.7	12.1	107
Rehabilitation Hospitals	0.0	Eating	69.2	15.0	15.9	107
Other Locations	13.7	*****				
Total Number of Admissions	117	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	4.7	Receiving Respiratory Care		11.2
Private Home/No Home Health	17.4	Occ/Freq. Incontinent of Bladder	52.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	3.5	Occ/Freq. Incontinent of Bowel	41.1	Receiving Suctioning		0.0
Other Nursing Homes	4.3			Receiving Ostomy Care		0.0
Acute Care Hospitals	5.2	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.9	Receiving Mechanically Altered Diets		19.6
Rehabilitation Hospitals	0.0					
Other Locations	10.4	Skin Care		Other Resident Characteristics		
Deaths	59.1	With Pressure Sores	6.5	Have Advance Directives		100.0
Total Number of Discharges (Including Deaths)	115	With Rashes	5.6	Medications		
				Receiving Psychoactive Drugs		41.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.2	89.4	1.09	83.8	1.16	84.3	1.15	84.6	1.15
Current Residents from In-County	69.2	82.7	0.84	84.9	0.81	82.7	0.84	77.0	0.90
Admissions from In-County, Still Residing	23.9	25.4	0.94	21.5	1.12	21.6	1.11	20.8	1.15
Admissions/Average Daily Census	111.4	117.0	0.95	155.8	0.72	137.9	0.81	128.9	0.86
Discharges/Average Daily Census	109.5	116.8	0.94	156.2	0.70	139.0	0.79	130.0	0.84
Discharges To Private Residence/Average Daily Census	22.9	42.1	0.54	61.3	0.37	55.2	0.41	52.8	0.43
Residents Receiving Skilled Care	96.3	93.4	1.03	93.3	1.03	91.8	1.05	85.3	1.13
Residents Aged 65 and Older	98.1	96.2	1.02	92.7	1.06	92.5	1.06	87.5	1.12
Title 19 (Medicaid) Funded Residents	35.5	57.0	0.62	64.8	0.55	64.3	0.55	68.7	0.52
Private Pay Funded Residents	62.6	35.6	1.76	23.3	2.68	25.6	2.45	22.0	2.85
Developmentally Disabled Residents	0.0	0.6	0.00	0.9	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	38.3	37.4	1.03	37.7	1.02	37.4	1.03	33.8	1.13
General Medical Service Residents	29.0	21.4	1.35	21.3	1.36	21.2	1.37	19.4	1.49
Impaired ADL (Mean)	44.5	51.7	0.86	49.6	0.90	49.6	0.90	49.3	0.90
Psychological Problems	41.1	52.8	0.78	53.5	0.77	54.1	0.76	51.9	0.79
Nursing Care Required (Mean)	5.4	6.4	0.84	6.5	0.83	6.5	0.82	7.3	0.73